



January 12, 2015

As organizations dedicated to improving the health outcomes of all Texas women, children, and families, the major Texas Commercial and Medicaid HMO Medical Directors and the Department of State Health Services collectively agree to support a coordinated and comprehensive approach to improving perinatal health outcomes. Building on the success of restricting elective inductions and cesarean sections prior to 39 weeks of gestation, our organizations have jointly established healthy pregnancies and improved birth outcomes as priorities for the state of Texas.

Healthy pregnancies and improved birth outcomes can be supported collectively by health benefit providers and public health through a variety of strategies, including:

- promotion of healthy behaviors through education and support;
- early identification and case management of high-risk pregnancies;
- providing reproductive health services, including preconception and inter-conception care services and promotion of breastfeeding practices and policies; and
- assuring woman- and family-centered approaches to immunizations.

Many of these strategies can be effectively addressed during preconception and inter-conception care visits. Initiatives related to breastfeeding and inter-conception care have been shown to improve the health of women and their infants while reducing the number of health care services needed and overall health care costs.

Inter-conception care targets women who have had a previous pregnancy with an adverse health outcome or are at risk for future adverse outcomes. Inter-conception care offers health assessments and screenings, health promotion, education and counseling (including breastfeeding support), and interventions for risk behaviors such as smoking and alcohol cessation as well as infectious and chronic disease management. Inter-conception care for women with previous pregnancies has been recognized as the “most important prenatal visit.” Only 20%-50% of physicians regularly offer preconception care and low income women may be less likely to receive this care.

Breastfeeding support services encourage higher rates of breastfeeding exclusivity and promote longer duration of practice. Babies who do not receive breast milk are at increased risk for a host of issues, such as sudden infant death syndrome, pneumonia, asthma, and necrotizing enterocolitis (a debilitating and often fatal intestinal condition in preterm infants). Texas hospital discharge data from the Department of State Health Services indicate that pneumonia, acute bronchitis, and asthma are three of the top four conditions for hospitalizations of children (approximately 37,000 in 2008). According to the Surgeon General's *Call to Action to Support Breastfeeding* (2011), these three conditions may have been potentially prevented by increasing exclusive breastfeeding. In addition, the state and employers could have potentially saved \$603 million per year for these three conditions alone.

Although Texas has made improvements in several perinatal health outcomes over the past few years, compared to the national rates, our State still ranks among the lowest in some birth outcome indicators including:

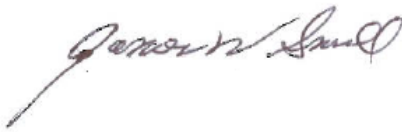
- 38th among states in percent of preterm births (12.3%); and
- 32nd among states in percent of births with low birth weight (8.3%).

To improve our results, coordinated improvements in the following areas must focus on collaboration between public health, health benefit companies, and the many health care professionals serving Texans. Health benefit companies and public health are supporting improved perinatal outcomes of women and children in Texas using the strategies described here.

- 1) Developing messages for providers to use consistently with patients, regardless of payer, that are evidenced-based and relevant to specific populations.
- 2) Developing evidence-informed wellness programs for women of reproductive age to address preconception health. While programs may vary by health plan, these programs should seek to include the following parameters:
 - a. Address preconception, inter-conception, prenatal, delivery, and postpartum periods that promotes woman- and family-centered care;
 - b. Inclusion of other effective services such as peer support services for breastfeeding, health education, and chronic disease management;
 - c. Inclusion of services such as early detection of pregnancy, pre-natal pregnancy case management programs, and augmented support for high-risk pregnancies;
 - d. Coverage of best practice guidelines for indicated high-risk pregnancies (such as smoking cessation, infectious disease treatment, nutrition support, substance and alcohol use cessation, progesterone and steroid administration, and vaccinations, to name a few); and
 - e. Collaboration to develop a "soft transfer" of clients between available public and private health service coverage programs to provide for a continuum of care for women in Texas.
- 3) Developing programs that reward facility, healthcare professional, and consumer behaviors that lead to healthy pregnancies and health care quality such as:
 - a. Incentives for consumers selecting providers that have demonstrated adherence to evidence-based standards; and

- b. Incentives for providers that support low-intervention choices for their maternity patients, and incentives for facilities that receive a baby-friendly hospital designation (see www.babyfriendlyusa.org/).
- 4) Working collectively to advance evidenced-based obstetric care such as the elimination of non-medically indicated inductions and cesarean sections prior to 39 weeks, and reducing high cesarean section rates.
- 5) Developing specific perinatal metrics to ensure improvements in the health status of all Texas women.

Through a collective approach between HMOs, public health, healthcare professionals, and Texas employers, a significant impact can be made to improve healthy pregnancies and birth outcomes in Texas. Strategies such as those listed above have the potential to increase the rates of early prenatal care, utilization of preventive health screenings, and the number of healthy pregnancies to women in Texas. These are all potential benefits to our health system, workforce, and other related services. Please consider the many resources that exist to support improving the health outcomes of all Texas women, children, and families.



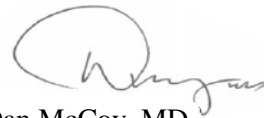
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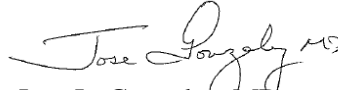
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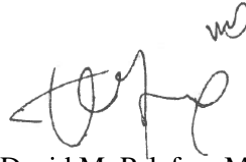
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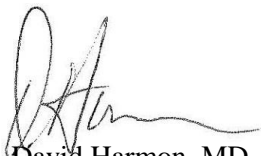
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